

## Provider License Set Up/Exchange Form

The follow fees apply as of August 1<sup>st</sup> 2008 and are subject to change without notice.

If replacing an existing provider:	For an additional provider:
\$450 Harmony PMS	\$2,450 Harmony PMS
\$450 Medinotes EMR	\$7,900 MediNotes EMR

Note: (Electronic claims set up and monthly fees are additional)

A Provider Code set up form is required for any new providers. (I.e. Non-credentialed or Credentialed Midwife, Physicians Assistant, Physician, etc.) Additional paper work for electronic claims and EMR may also be required. An MTi representative will contact you with further instructions. Please complete all applicable fields.

Client/Practice Name: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Provider/Insurance Name: \_\_\_\_\_ Provider Code: \_\_\_\_\_  
Include designation; MD, DO, PA, RN, etc. 6-position alpha/numeric code

Tax ID# \_\_\_\_\_ UPIN# \_\_\_\_\_

Complete as many provider/group numbers as you have obtained for the New provider:

Medicare# \_\_\_\_\_ Medicare Grp# \_\_\_\_\_

Medicaid# \_\_\_\_\_ Medicaid Grp# \_\_\_\_\_

Blue Shield# \_\_\_\_\_ Blue Shield Grp# \_\_\_\_\_

Railroad Medicare# \_\_\_\_\_ Railroad Grp# \_\_\_\_\_

Please list any Other insurances in your State that assign special providers numbers in the space provided below:

Ins Name: \_\_\_\_\_

Provider#: \_\_\_\_\_ Group#: \_\_\_\_\_

Ins Name: \_\_\_\_\_

Provider# \_\_\_\_\_ Group#: \_\_\_\_\_

\_\_\_\_\_  
If this is a replacement provider please list the provider's name that has left the practice here.

\_\_\_\_\_  
If the New/replacement provider will render services under another provider's name and numbers list that providers name here.

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

**For more information call MTi 800-220-2684, Fax 410-531-9800**